HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

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NAME (Last, First, Middle)	STATE POSITION HELD: (Dept/Div or Board/Commission)
LINGLE, LINDA	GOVERNOR
	TERM OF OFFICE (Begin/End):
	12/2/02 / 12/5/06

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more

received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
F	1063 E MAIN STREET	В	rental income
	WAILUKU, MAUI, HI 96793		
F	2158 MAIN STREET	В	rental income
	WAILUKU, MAUI, HI 96793		

]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business incorporated, regulated, or licensed to carry on business in the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

F,SP, DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
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	· ·			
		t.		

[X]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD	DATE OF TRANSFER
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íx ìChed	k here if entry is None	sheets are attached

ITEM 4: CREDITORS

List the name and address of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding (excluding debts arising out of retail transactions or the purchase of consumer goods).

F,SP, DC,JT	NAME OF CREDITOR AND ADDRESS	ME OF CREDITOR AND ADDRESS ORIGINAL AMOUNT OWED	
F	N AMERICAN MORTGAGE POST OFFICE BOX 52226 PHOENIX, ARIZONA 85072-2226	\$77,000	\$62,000
F	CITIMORTGAGE, INC. POST OFFICE BOX 6006 THE LAKES, NEVADA 88901-6006	\$90,000	\$82,000

[]Check here if entry is None []Check here if additional sheets are attached ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or

F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
F	Honolulu Symphony	Board Mbr	thru 12/06	-0-
F	American Legacy Foundation	Board Mbr	thru 12/06	-0-
F	Pearl Harbor Memorial Fund	Honorary Chr	thru 12/06	-0-
\mathbf{F}	USS Arizona Memorial Fund	Honorary Chr	thru 12/06	-0-
F	East West Center	Board Mbr	thru 12/06	-0-
\mathbf{F}	Hawaii Children's Discovery	Honorary Chr	thru 12/06	-0-
	Center	of Advisory		
		Council		
\mathbf{F}	Republican Pro-Choice Coaltn			-0-
\mathbf{F}	Constitution Day, Inc.	Honorary Chr	thru 12/06	-0-
		for St of HI		,
\mathbf{F}	WISH List	Honorary Adv	thru 12/06	-0-
		Cmte		
\mathbf{F}	Lead America Foundation	Honorary Boar	d thru 12/06	-0-

[]Check here if entry is None

ITEM 6: INTERESTS IN REAL PROPERTY HELD IN THE STATE

List interests in real property in the State, held during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER	VALUE
F	1063 E MAIN STREET WAILUKU, MAUI, HI 96793	3-8-037-050	\$88,500
F	2158 MAIN STREET WAILUKU, MAUI, HI 96793	3-4-013-026	\$106,000
[]Chec	k here if entry is None	[]Check here if additional	sheets are attached

ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED

List interests in real property in the State, acquired during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION

 $[\chi]$ Check here if entry is None

[]Check here if additional sheets are attached

ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED

List interests in real property in the State, transferred during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION

 $[^{ ext{X}}]$ Check here if entry is None

[]Check here if additional sheets are attached

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a	a fee or compensation
during the disclosure period, excluding clients represented before courts.	•

NAME OF STATE AGENCY

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ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
		Sa.	STATE OF HARALISTATE ETHICS COMMISSION	RECEIVED

[X]Check here if entry is None

NAME OF CLIENT

[]Check here if additional sheets are attached

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

SIGNATURE

5/04/04

DATE